

**Report of accident including dangerous occurrence resulting
in death or bodily injury**

ESIC Employer's Code No.....Registration
No.....

Name & address of Local ESIC Licence Number

.....

Office.....

Number.....

NIC Code

(As given in the licence)

1. Name and address of factory :
2. Name, address and telephone number of the occupier :
3. Nature of Industry (As given in the licence) :
4. Date, shift and hour of accident or dangerous occurrence :
5. Department/Section and exact place where the accident or
dangerous occurrence took place :
6. (a) Describe briefly how the accident or dangerous
occurrence took place. :
- (b) Did it involve Explosion Fire :
Emission of toxic substance(s) Substance(s) emitted
7. Give the total number of persons injured/killed

Number of persons injured		Number of persons killed	
Inside the factory	* Outside the factory	* Outside the factory	

8. Name and addresses of witnesses :

- 1.
- 2.

9. Cause of accident or dangerous occurrence

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Date : Signature of Manager/Occupier
Name (In block letters)

Note:- 1. * If in any accident/dangerous occurrence, persons outside the factory premises are injured or killed, please furnish the information to the extent available
2. Details regarding injury and persons injured/killed should be supplied in the format given in the annexure

Address &
Telephone.....

(To be completed by the Inspector of Factories)

1. Date of receipt of the report :
2. District :
3. Number allotted to accident involving Injury and/or fatality :
4. Date of investigation :
5. (a) Number allotted to dangerous occurrence involving reportable injury and/or fatality :
5. Classification of accident :
6. (a) Clause - wise (give Code) :
- (b) Industry-wise (give NIC Code) :
- (c) Dangerous operation-wise (Give schedule number under Section 87) :
- (d) Hazardous process-wise-Section 2(cb) :
- (e) Occupation-wise (NIC-code Number) :
7. Result of investigation :
8. Remarks, if any :

Date

Signature of Inspector
Name(in block letters)

ANNEXURE
Particulars of persons injured/killed

1. Particulars of injured/killed person :
 - (a) Name :
 - (b) Age :
 - (c) Sex :
 - (d) Serial number in the register of adult workers :
 - (e) Address :
 - (f) Precise occupation :
 - (g) Nature of job :
2. Cause of injury Explosion Fire
- Emission of toxic Substance Others (Please specify)
3. Particulars of injury :
 - (a) Fatal (time and date of death) :
 - (b) Non-fatal (If serious[give the extent of injury such as loss of limb/sight and hearing, fracture, permanent impairment, severe burns) :
 - (c) State whether the injured person was disabled for more than 48 hours. :
 - (d) Location of injury (i.e. part of body such as right leg, left hand, left eye, etc. injured) :

4. (a) State exactly what the injured person was doing at the time of accidents or dangerous occurrence. :
- (b) Does this work fall in the category of hazardous/dangerous process or operations : Hazardous process
Dangerous process/operation
(Please tick mark () in the box
5. (a) Hour at which the injured persons started work on the day of accident or dangerous occurrence :
- (b) Whether wages in full or part are payable to him for the day of accident or dangerous occurrence. :
6. In case the accident or dangerous occurrence took place while travelling in the employer's transport, state whether :
- (a) the injured person was travelling as a passenger to and from his place of work :
- (b) the injured persons was travelling with the express or implied permission of his employer :
- (c) The transport is being operated by or on behalf of the employer or some other persons by whom it is provided in pursuance of arrangements made with the employer :
- (d) the vehicle is being operated in the ordinary course of public transport service. :
7. In case the accident took place while meeting emergencies, state -
- (a) Its nature; and
- (b) Whether the injured person at the time of accident was employed for the purpose of his employer's trade or business in or about the premises at which the accident took place :
8. (a) Physician, dispensary or hospital from whom or in which injured person received or is receiving treatment :
- (b) Name of dispensary/panel doctor elected by the injured person :